

* Indicates required

FCC 220
SCL-RPT

FEDERAL COMMUNICATIONS COMMISSION

FCC Form for Quarterly Section 1.767(I) Report

Approved by OMB
3060-0944
Estimated Time Per Response: 4 hours
Edition Date: August 2024

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Review to Submit

See Instructions [↗](#) [Print Form](#) [↗](#)

General Information

1. Applicant Information

*FRN

Name

Attention

Doing Business As (DBA)

Title

Street Address

Phone

Street Address 2

Fax

City

Email

State

*Petitioner/Licensee Legal Entity Type

-- None --

- None --
- Individual
- Unincorporated Association
- Government Entity
- Corporation
- Limited Liability Company
- General Partnership
- Limited Partnership
- Limited Liability Partnership
- Other

Zip Code/Postal Code

Country

2. Contact Information

Check here if same as Licensee

*FRN

Name

Attention

Doing Business As (DBA)

Title

Street Address

Phone

Street Address 2

Fax

City

Email

Contact State

*Relationship

Zip Code/Postal Code

Country

Same

Legal counsel

Engineer

Other

Report Information

*3. Brief Description

4. Indicate the reporting period below.

*4a. Reporting Quarter

Q1 Q2 Q3 Q4

*4b. Reporting Year

5. Identify the name of the submarine cable(s) for which you are a licensee and for which you are required to file the quarterly report

5a. Other - The name of the submarine cable(s) for which you are a licensee and for which you are required to file the quarterly report are available in the dropdown above.

5.b. Identify the other submarine cable(s) for which you are a licensee and for which you are required to file the quarterly report:

*6. Identify the destination market the Licensee's affiliate is classified as dominant and required to comply with section 1.767(l) of the Commission's rules.

*7. Does the Licensee request confidential treatment for its Quarterly Report(s)?

Yes No

Section 1.767(l) Quarterly Report: Provisioning and Maintenance

8. Provide the Provisioning and Maintenance information in the table below or in an attachment to comply with section 1.767(l)(1) of the Commission's rules.

[See instructions for further information about submitting this information.](#)

Actions	(a) Name of Cable System	(b) Dominant Carrier Route	(c) Facilities and Services Provided	(d) Volume or Quantity Provisioned	(e) Time Interval between Order and Delivery	(f) Number of Outages	(g) Intervals between Fault Report and Facility or Service Restoration
No data to display							

Section 1.767(l)(2) Quarterly Report: Active and Idle or Equivalent Circuits by Facility

9. Provide the Active and Idle Circuits by Facility information in the table below or in an attachment to comply with section 1.767(l)(2) of the Commission's rules.

See instructions for further information about submitting this information.

Actions	(a) Name of Cable System	(b) Dominant Carrier Route	(c) Facility: Terrestrial, Satellite, Submarine Cable	(d) Active Capacity (Gbps)	(e) Idle Capacity (Gbps)	(f) Total Circuits (Gbps)
No data to display						

Waivers

*10. Does the Applicant request a waiver(s) of the Commission's rules?

- Yes No

If yes, attach the request with a supporting narrative and documentation.

*10.a. Identify the rule section(s) for which a waiver is sought below.

10.b. Attach a statement explaining the waiver request and identifying the rule number(s) involved:

Attachments

*11. Applicant has uploaded a statement supporting the waiver request and identifying the rule number(s) involved, along with other material information.

Attachments/Confidential Treatment of Attachments

*12. Is the Applicant requesting confidential treatment of an attachment(s) under section 0.459 of the Commission's rules?

- Yes No

The Applicant must upload a supporting statement for the "confidential treatment request(s)" identifying the applicable rule(s) and providing other supporting materials or information. The Applicant must also upload both the Redacted Public version and the Non-Redacted Confidential version of the attachment(s) in the Attachments section below.

Attachment No.	File Name	Description of Attachment	Confidential	Action
1 (a) Confidential Non-Redacted Version	call_signs_table.txt	Form Attachment	<input checked="" type="checkbox"/>	✕
(b) Public Redacted Version		Upload Public Redacted Filing		✎
(c) Public Version of Confidential Treatment Request and Supporting Statement		Upload Public Version of Confidential Treatment Request (with supporting statement, identifying the		✎

General Certification Statements

*13. In submitting this form,

- The Licensee certifies that it has filed the information required by section 1.767(l) of the Commission's rules.

• The Applicant certifies that all of its statements made in this application and in the attachments or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.

Attachment Uploaded

14. Party Authorized to Sign

* First Name

MI

* Last Name

Suffix

* Title

* Signature

Date

FAILURE TO SIGN THIS FORM MAY RESULT IN DISMISSAL
OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE
BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, Section 1001),
AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT
(U.S. Code, Title 47, Section 35), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503)

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